

Portsmouth Fitness & Sports presents:

FREE!

INDOOR TRIATHLON



PRT TRIPLE PLAY!



MWR
Portsmouth, VA



Wednesday, June 15
anytime between 7 a.m. and 5 p.m.

Waves will be held every half an hour. Call 967-2500 to schedule your time slot. Please show up behind NMCP Indoor Pool (bldg. 252) 15 minutes prior to scheduled time slot to sign registration form.

Team members can compete separately and each person must complete all three events. All three times will be added together for final team time.

Teams must consist of three people with at least one female.

Order of Events:

450-Meter Swim (Nine laps - any stroke)

5-Mile Upright Bike Ride • 1.5-Mile Treadmill Run

Divisions (Male & Female):

29 & younger

45 to 49

30 to 37

50 to 59

38 to 44

60 & older

Awards to the top two in each division, overall male & female and the top team.

REGISTRATION FORM
ON REVERSE SIDE.

Awards ceremony will be held Friday, June 17, noon at the NMCP Sandbar back deck. Light refreshments will be served.

Need a little help with your swim portion? Sign up now for our three-hour
★ **Faster Freestyle Swim Clinic** ★
Monday, June 13, given by multiple world record holder
Karlyn Pipes-Nielsen.

EXERCISE YOUR OPTIONS

For more information, call 967-2500.



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In the "TO" window, type 30364
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PORTSMOUTHMWR

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Portsmouth Fitness & Sports Indoor Triathlon
Wednesday, June 15 behind the NMCP Indoor Pool, bldg. 252

Name_____

Command_____

Rate/Rank_____ Age_____ Sex_____

Phone_____ Email_____

Time Slot _____

In consideration of acceptance of this entry, I, the below signed, intending to be legally bound for myself, my heirs, executors and administrator waive and release all rights and claims for damages and personal injury that I may have against the facility and any persons and all sponsors, organizers, and their representative, successors, and assign for any and all injuries suffered by me in traveling to, performing in, and traveling from said event. I verify that I am physically fit and have trained for this event and my condition has been verified by a licensed medical doctor.

Signature_____

Date_____